
**Clinical Utilization Review Board (CURB)
Meeting Minutes
March 18, 2015**

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PRESENT:

Board: Michel Benoit, MD, Delores Burroughs-Biron, MD, David Butsch, MD, Paul Penar, MD, Norman Ward, MD

DVHA Staff: Daljit Clark, Aaron French, Jennifer Herwood, Susan Mason, Thomas Simpatico, MD (moderator), Scott Strenio, MD, Kara Suter

Guests: Jay Persico, Lisa Schilling

Absent: Ann Goering, MD, John Matthew, MD, William Minsinger, MD, Richard Wasserman, MD

HANDOUTS

- Agenda
- Draft minutes from 1/21/2015 and 2/18/2015 Meetings

CONVENE: Dr. Thomas Simpatico convened the meeting at 6:30 pm.

1.0 Introductions

2.0 Review and Approval of Minutes

The minutes from 1/21/15 and 2/18/15 meetings were approved as written.

3.0 New Business

Group Therapy Proposal –

Dr. Simpatico presented on the group psychotherapy which is procedure code 90853. The issues for this procedure code are:

- Compliance
- Need to evaluate change in practice service
- Need to evaluate change in cost

Our neighboring States and Blue Cross & Blue Shield of Vermont charge 1 unit per day and the prices range from \$14-\$34 per session per patient.

Vermont Medicaid allows 8 units (15 minutes each) per day at \$10 per unit. The definition is per session, so we are out of compliance by using a per 15 minute unit. We are paying much more than other states and Medicare.

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Currently, one third of our paid claims for group therapy are doing 60 minutes, one third are doing 90 minutes and a third are doing 120 minutes.

What we might do:

Phase I Compliance Correction – use the established rate, go for the average which is a 90 minute group. Therefore, define that as 1 unit, which is \$62.82 per person per day. This will bring us into compliance. It would be a wash financially because half are billing 60 minutes or less and half are billing 120 minutes or more.

Phase II Reimbursement Correction – there is a formula for reimbursement. We use the Centers for Medicaid and Medicare Services (CMS) relative value units and Medicaid conversion factor. If we were to value this code the same way we do the others it would be \$20.

The compliance issue is a coding issue; the payment is a policy issue.

There are two choices:

1. Consider 90 minutes normative, the standard for the group therapy. There would be no change in spending
2. Consider 60 minutes normative, then by moving into compliance we would save money as well.

The only limit is 1 session per day. Maine limits to 5 sessions in 7 days; we can put further limits too.

What is group psychotherapy?

- The group therapist is controlling and facilitating
- The group setting is particularly good for focusing on relationship problems
- The group setting provides a safe area to practice new behaviors which will lead to lasting change

What does a typical group therapy session involve?

- Patients are asked to commit to a period of attendance- generally weeks or months
- Often 8-12 patients and 2 therapists

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- Patients begin to open up and others provide feedback

What are the aims of group psychotherapy?

- Identify maladaptive behaviors
- Solve emotional difficulties through feedback, support and positive coping behaviors

Who is Group Therapy for?

- Relationship difficulties- including relationship with drugs
- Personality disorders
- Schizophrenia
- Depression
- Anxiety
- Obsessive Compulsive Disorder (OCD)/ Post Traumatic Stress Disorder (PTSD)
- Specific groups; i.e. sexually abused women, bereavement groups

Any change we make will have a profound effect on the people doing this work.

That is why we thought a progression of steps would allow us to improve the system and allow therapists to acclimate. We need to pay for outcomes that are evidence based.

We need to proactively reach out to relevant organizations to collaboratively work toward the improvement of health care. They are aware that we are out of compliance. This has been on the table for 15 years. We brought down the number of units from 10-8 in 2008.

We need to be careful that we don't lose providers. What do we do to educate providers? Can we come up with a manual with expectations for modalities? Clarify group activities versus group therapy. There are many physical benefits to good mental health care. There are also benefits to using a standard methodology across provider types.

Should the default be 60 minutes, with allowances for more time when based on evidence?

What would justify 90 minutes?

- Deeper issues
- Larger groups

Dr. Simpatico asked the group to vote on:

Should DVHA move to achieve compliance for this billing code (Group Therapy - 90853) by standardizing a unit of time to be our default group unit to attribute a

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multiplier of the existing billing structure to determine what the unit would pay? Should we base the valuation of the group therapy session on 60 minutes or 90 minutes?

The group voted; 5 voted to bring the 90853 into compliance by allowing only one unit per day and to base the value of the reimbursement on 60 minutes. One voted to base the valuation on 90 minutes.

We should regain compliance by allowing only one unit or session per day. For valuation purposes we will value one session at 60 minutes. This will save money. Subsequently, we will investigate a transition to a more equitable reimbursement. A firm timetable is recommended.

Action Item #1: The Board's recommendation will be presented to DVHA Commissioner for approval.

Action Item #2: Lisa Schilling will attempt to obtain comparison data on the 90853 from our neighboring states.

Adjournment – CURB meeting adjourned at 8:00 PM

Next Meeting

May 20, 2015

Time: 6:30 PM – 8:30 PM

Location: Department of Vermont Health Access, Williston, VT